

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured:

Physical Address:

City: State: Zip:

Web Address: Telephone Number (for billing inquiries): Proposed Effective Date (mm/dd/yyyy):

If you contract with an independent professional community association manager for management services complete the following information:

Name of Management Company:

Address:

City: State: Zip:

Check if this is the mailing address of the Named Insured.

ORGANIZATION INFORMATION

- 1. Type of association: Condominium Cooperative Homeowner/Property Owner Association
 Timeshare/Interval Condo-Hotel Commercial/Industrial/Professional
- 2. Are you a master association that oversees a group of separate sub-associations? Yes No
If Yes, for commons area only? Yes No
- 3. In the past 24 months, or in the next 12 months are you, or any builder/developer or sponsor associated with you, contemplating, or in the process of filing for bankruptcy, reorganization, or termination of corporate status, pursuant to applicable federal or state law? Yes No

EMPLOYEE INFORMATION

4. Complete the following chart providing the number of Full-time and Part-time employees*, and Volunteers:

As of Date of Application			Previous 12 Months		
Full-Time Employees	Part-Time Employees	Volunteers (including Board Members)	Full-Time Employees	Part-Time Employees	Volunteers (including Board Members)

*Full and Part-time including leased, seasonal, and temporary employees of the Named Insured. NOTE: The employee count does not include employees of the Property Management Company.

COMMUNITY INFORMATION

5. How many units or lots will the community association have upon completion? _____
6. Does one person or entity own more than 50% of the community association units? Yes No
7. Are there any commercial units? Yes No
If Yes, are any of the units bars or restaurants? Yes No
8. Does the builder/developer maintain any representation on your board of directors? Yes No
9. The average value of a unit or lot is:
 Less than \$1,000,000 \$1,000,000 to \$1,999,999 \$2,000,000 or greater
10. Your amenities (check all that apply):
 None Airport Facilities Golf Course
 Marina Skiing Horse Facilities Other: _____
- a. If any of the above are selected, is membership mandatory for all community association residents? Yes No
- b. Are any of the amenities listed above open to the public? Yes No
11. Does the community association rent or permit the rental of any unit for a period of less than 30 days? Yes No

FINANCIAL INFORMATION

12. Indicate Total Annual Revenue: \$ _____
13. Have you had a negative fund balance within the past 3 years? Yes No
14. Are any renovation or improvement projects in progress or are any such projects being contemplated in the next 12 months? Yes No
If Yes:
a. Is the total value of these projects greater than \$100,000? Yes No
b. Is the project fully funded or have the proper amount of reserves been set aside? Yes No
15. Indicate the percentage of units in arrears over 90 days:
 Less than 10% Between 10% and 20% Greater than 20%
Provide your most recent fiscal year end financial statement if you meet any of the following criteria:
a. *You have requested a limit greater than \$3,000,000 for Liability Coverage.*
b. *You are going through a bankruptcy proceeding.*
c. *You have an inadequate or negative fund balance.*

CYBER COVERAGE

INTERNAL CONTROLS

16. Does the community association have a formal documented procedure in place regarding the creation and periodic updating of passwords? Yes No
17. Does the community association collect, receive, process, transmit, or maintain private, sensitive, or personal information from third parties (i.e. customers, clients, members) as part of its business activities? Yes No
If Yes, indicate what type:
 Credit/Debit Card Data Medical Information Bank Accounts and Records
 Social Security Numbers Employee/HR Information Customer Information
 Intellectual Property of others Other: _____
18. Does the community association use firewall technology? Yes No
19. Does the community association use anti-virus software? Yes No
20. Is it the community association's policy to upgrade all security software as new releases or improvements become available? Yes No
21. Do you utilize a contracted independent Property Manager? Yes No
If Yes, provide the name of the Property Manager: _____
Does the Property Manager request to be named as an additional insured to the Cyber policy for incidents involving the Applicant's data? Yes No

CRIME COVERAGE

INTERNAL CONTROLS

22. Does the board of directors/trustees regularly review:
 Monthly bank statements Reserve fund balance Budget reconciliation reports Approved vendors
23. Financial statement prepared by:
 Internal Staff Property Manager CPA None
24. Does someone other than the person responsible for reconciling bank accounts:
 Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No
25. Is countersignature of checks required? Yes No
26. Is segregation of duties practiced in the following areas:
 Purchase order approvals and payments? Yes No N/A
 Payables and receivables? Yes No N/A
27. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No N/A
28. Does access to the Reserve Fund require Board of Directors/Trustees approval?
If No, explain approval procedure for removal of funds. Yes No

29. Average amount of Cash on the premises daily? \$ _____ N/A
30. Do you perform any of the following background checks on candidates for new employment?
 N/A - No employees: Criminal history: Yes No Credit history: Yes No

PROFESSIONAL COMMUNITY ASSOCIATION MANAGER

31. Do you desire crime coverage on any contracted independent Property Manager?
If Yes, provide the name of the firm: _____ Yes No
32. Does the Property Manager have access to your bank accounts? Yes No
If Yes, has the Board of Directors established limits of authority for check signing and invoice payments? Yes No

REQUESTED INSURANCE INFORMATION

LIABILITY COVERAGE

33. Requested Limit: \$ _____ 34. Requested Retention: \$ _____
35. Expiring Limit: \$ _____ 36. Expiring Retention: \$ _____
37. Expiring Premium: \$ _____ 38. Expiring Insurance Carrier: _____
39. As of the date you first purchased directors and officers and employment practices liability coverage, are you or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under the coverage for which you are applying? Yes No
If Yes, provide details and the date you first purchased directors and officers and employment practices liability coverage in the Additional Information section at the end of this Application.

CRIME COVERAGE

Crime Coverage	Requested Limit*	Requested Retention
Employee Theft	\$ _____	\$ _____
Forgery or Alteration	\$ _____	\$ _____
On Premises (Money, Securities, and Other Property)	\$ _____	\$ _____
In Transit (Money, Securities, and Other Property)	\$ _____	\$ _____
Money Orders, and Counterfeit Money	\$ _____	\$ _____
Computer Crime	\$ _____	\$ _____
Funds Transfer Fraud	\$ _____	\$ _____
Social Engineering Fraud	\$ _____	\$ _____

*For policy limits greater than or equal to \$5,000,000, attach the most recent financial statement. CPA preferred if available.

CYBER COVERAGE

Requested Limit: \$50,000 \$100,000 \$250,000 \$500,000

PRIOR INSURANCE AND CLAIM HISTORY

LIABILITY COVERAGE

40. With respect to the coverage requested in this Application, provide details or attach a loss run for all previous claims, losses, litigation, or proceedings, whether insured or not, occurring in the past five years that would fall within the scope of any directors and officers or employment practices insurance products.
41. With respect to the coverage requested, has there ever been any legal action taken by or on behalf of you against any member of yours (excluding liens or collection claims) or against any third party including any builder/developer? Yes No
42. With respect to the coverage requested, are there any pending claims, counter-claims, or litigation against any person or entity proposed for this insurance? Yes No
If Yes, provide the following for each claim:
- a. Date of such claim: _____
- b. Nature of the claim: _____
- c. Amount paid for defense: \$ _____
- d. Amount sought or paid for damages: \$ _____
- e. Was the claim covered by insurance? Yes No
- f. Were corrective procedures implemented? Yes No
- g. Current status: _____

To enter more information, provide details in the Additional Information section at the end of this Application.

CRIME COVERAGE

43. Has the community association sustained any crime-related loss within the past 3 years? Yes No
If Yes, attach a separate explanation sheet including loss details and corrective actions.

CYBER COVERAGE

In the past 3 years:

44. Has the community association ever received any claims or complaints, or been subject to any government action, investigation, or subpoena with respect to allegations of failing to prevent unauthorized access to confidential information, failing to notify appropriate individuals of any such unauthorized access or failing to allow authorized users access to the community association's computer systems? Yes No
If question 44 is answered yes, provide details in the Additional Information section of each claim, complaint, allegation or incident, including costs, losses, or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.
45. Has the community association suffered any known intrusions (i.e., unauthorized access or security breach) or denial of service attacks which impaired the functionality of its computer systems? Yes No
If Yes, provide details: _____
46. Is the community association or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under the insurance policy for which the community association is applying? Yes No
If Yes, provide details: _____

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: _____

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: X	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number:

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference the question number.

Administered By:

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